

JUL 16 1999

JC35

GALL3627

PTO/SB/17 (2000)

Approved for use through 9/30/2000. OMB 0651-0039  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 1997.  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
 See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)45.00**METHOD OF PAYMENT (check one)**

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 02-4943

Deposit Account Number: \_\_\_\_\_

Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.  Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance.

**2. ■ Payment Enclosed:**

(CHECKS #33282)

Check  Money Order  Other

**FEES CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
				<b>SUBTOTAL (1)</b>	<b>(\$).00</b>

**2. EXTRA CLAIM FEES**

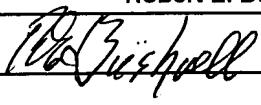
	Extra Claims	Fee from below	Fee Paid
Total claims	-20** =	5 x 9.00	= 45.00
Independent Claims	- 3** =	x	=

Multiple Dependent =

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
				<b>SUBTOTAL (2)</b>
				<b>(\$) 45.00</b>

Complete If Known									
Application Number		08/720,070 (filed on 27 September 1996)							
Filing Date		CPA filed on 8 July 1999							
First Named Inventor		RICHARD G. HYATT JR.							
Examiner Name		BOUCHER, D.							
Group/Art Unit		3627							
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.		P53821C					
METHOD OF PAYMENT (check one)									
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:									
DEPOSIT ACCOUNT NUMBER: <u>02-4943</u>									
DEPOSIT ACCOUNT NUMBER: _____									
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance.									
2. ■ Payment Enclosed: (CHECKS #33282)									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other									
FEES CALCULATION									
1. BASIC FILING FEE									
Large Entity Small Entity									
Fee Code									
Fee (\$)									
Fee Description									
Fee Paid									
101	760	201	380	Utility filing fee	\$				
106	310	206	155	Design filing fee	\$				
107	480	207	240	Plant filing fee	\$				
108	760	208	380	Reissue filing fee	\$				
114	150	214	75	Provisional filing fee	\$				
				<b>SUBTOTAL (1)</b>	<b>(\$).00</b>				
2. EXTRA CLAIM FEES									
Extra Claims									
Fee Description									
Fee Paid									
Total claims	-20** =	5	x	9.00	= 45.00				
Independent Claims	- 3** =	x			=				
Multiple Dependent					=				
** or number previously paid, if greater; For Reissues, see below									
Large Entity Small Entity									
Fee Code									
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110	18	210	9	** Reissue claims in excess of 20 and over original patent					
				<b>SUBTOTAL (2)</b>	<b>(\$) 45.00</b>				
** Reduced by Basic Filing Fee Paid									
SUBTOTAL (3)									
\$ .00									
SUBMITTED BY									
Complete (if applicable)									
Typed or Printed Name	Robert E. Bushnell, Esq.			Reg. Number	27,774				
Signature				Deposit Account User ID					
REB/kf									

RECEIVED  
JULY 21 1999  
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